

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2011 JAN 14 AM 9:12

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Mary Jo Wilhelm

Political Party (if applicable)
Democratic

Office Sought
State Senator

District (if Senate or House)
08

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1717

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mary Jo Wilhelm
SIGNATURE OF PERSON FILING REPORT

563-547-5705
TELEPHONE

1/13/11
DATE SIGNED

I AM FILING A 1-19-11

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,390.21

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

3,400.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 5,790.21

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3,605.45

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$

2,184.76

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$

0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$

77.37

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$

2,525.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND-RAISER INCOME |
|--------------------------|--|---|--|-----------------|-------------------------------------|
| 07/19/10 | ID# 6067 CK# 5080 | Iowa Health PAC 6067 1775 90th Street West Des Moines, IA 50266 | none | \$250.00 | <input type="checkbox"/> |
| 07/21/10 | ID# CK# | Dave Hjortland PO Box 428 Postville, IA 52162 | none | 25.00 | <input type="checkbox"/> |
| 07/21/10 | ID# CK# | James Sewick 455 5th St. NE Waukon, IA 52172 | none | 25.00 | <input type="checkbox"/> |
| 08/11/10 | ID# 6058 CK# 4732 | Iowa Chiropractic Society 100 East Grand Ave, Suite 240 Des Moines, IA 50309 | none | 100.00 | <input type="checkbox"/> |
| 08/12/10 | ID# 6070 CK# 4006 | Iowa LAW PAC 625 East Court Avenue Des Moines, IA 50309-1904 | none | 100.00 | <input type="checkbox"/> |
| 08/19/10 | ID# 6160 CK# 2491 | Community Bankers of Iowa PAC 1603 22nd St. Suite 102 West Des Moines, IA 50266 | none | 250.00 | <input type="checkbox"/> |
| 08/19/10 | ID# 6430 CK# 1649 | Iowa Rural Water State PAC 4221 S. 22nd Ave E. Newton, IA 50208 | none | 250.00 | <input type="checkbox"/> |
| 08/19/10 | ID# CK# | Julie A. Smith 8131 Wellington Blvd. Johnston, IA 50131 | none | 50.00 | <input checked="" type="checkbox"/> |
| 08/19/10 | ID# CK# | Jennifer Schulte 1184 140th St. NW Amana, IA 52203 | none | 50.00 | <input checked="" type="checkbox"/> |
| 09/27/10 | ID# 6098 CK# 3781 | Iowa Beverages PAC 321 E. Walnut, Suite 310 Des Moines, IA 50309-2026 | none | 1,000.00 | <input type="checkbox"/> |

SUB-TOTAL

\$ 2,100.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page one of two
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND- RAISER INCOME |
|---------------------------------------|---|--|--|--------------------|---------------------------------------|
| 08/30/10 | ID# 6058 CK# 4846 | IOWA CHIROPRACTIC SOCIETY PAC 100 EAST GRAND AVENUE DES MOINES, IA 50309 | None | \$100.00 | <input type="checkbox"/> |
| 09/01/10 | ID# CK# | Mary Greiner 1412 J Place Kalona, IA 52247 | none | 25.00 | <input type="checkbox"/> |
| 09/01/10 | ID# CK# | Nancy Eichelberger PO Box 8 208 West Depot | none | 25.00 | <input type="checkbox"/> |
| 09/02/10 | ID# CK# | Jerome W. Vittetoe 2504 Quince Avenue Washington, IA 52353 | none | 25.00 | <input type="checkbox"/> |
| 09/03/10 | ID# CK# | Char Brenneman 1551 Larch Avenue Wasington, IA 52353-9251 | none | 25.00 | <input type="checkbox"/> |
| 09/20/10 | ID# CK# | Waste Management PAC A multicandidate qualified committee 701 Pennsylvania Ave NW, Suite 590 | none | 400.00 | <input type="checkbox"/> |
| 10/06/10 | ID# 9748 CK# 1153 | Midwest PAC 1636 NW 114th St Clive, IA 50325-7071 | none | 100.00 | <input type="checkbox"/> |
| 10/10/10 | ID# CK# | Meg Freking 59185 790th Street Alpha, MN 56111 | none | 100.00 | <input type="checkbox"/> |
| 10/18/10 | ID# 6056 CK# 4048 | B.U.I.L.D. PAC Iowa Bankers Association 8800 NW 62nd Avenue | none | 500.00 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 1,300.00 | |
| TOTAL (if last page of this schedule) | | | | \$ 3,400.00 | |

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Page two of two
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| | |
|--|--|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|--|---|--------------------------------|-----------------|
| 02/05/10 | ID# CK# 1046 | Garner Printing 1697 NE 53rd Ave Des Moines, IA 50313 | Capitol Birthday Postcards | \$ 257.45 |
| 02/26/10 | ID# CK# 1047 | Postmaster Cresco, IA 52136 | postage stamps for mailings | 101.60 |
| 04/05/10 | ID# CK# 1048 | Postmaster Cresco, IA 52136 | postage stamps for mailings | 129.60 |
| 05/14/10 | ID# CK# 1049 | Iowa Democratic Party 6100 Thornton Ave. Des Moines, IA 50321 | VAN payment | 500.00 |
| 06/14/10 | ID# CK# 1050 | Postmaster Cresco, IA 52136 | postage stamps for mailings | 73.60 |
| 06/21/10 | ID# CK# 1051 | Postmaster Cresco, IA 52136 | postage stamps for mailings | 112.00 |
| 09/14/10 | ID# CK# 1052 | Postmaster Cresco, IA 52136 | postage stamps for mailings | 101.60 |
| 09/29/10 | ID# CK# 1053 | Iowa Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321 | Contribution | 2200.00 |
| SUB-TOTAL | | | | \$ 3,475.85 |
| TOTAL (if last page of this schedule) | | | | \$ |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page one of two

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|--|-----------------------------------|--------------------|
| 11/09/10 | ID# CK# 1054 | Postmaster Cresco, IA 5213 | postage stamps for mailings | \$ 129.60 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 129.60 |
| TOTAL (if last page of this schedule) | | | | \$ 3,605.45 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page two of two

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

Reset Form

| | |
|---|--------------------------|
| SCHEDULE E (Rev. 06/97) | IN-KIND CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | ✓ IF FOR FUND-RAISER CONTRIBUTION |
|---|---|---|---|-----------------------------------|---|
| 08/05/2010 | IOWA SENATE MAJORITY FUND 5661 FLEUR DRIVE DES MOINES, IA 50321 | NONE | POSTAGE FOR DSM fundraiser | \$ 25.37 | <input type="checkbox"/> |
| 08/19/2010 | IOWA SENATE MAJORITY FUND 5661 FLEUR DRIVE DES MOINES, IA 50321 | NONE | POSTAGE FOR DSM fundraiser | 52.00 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 77.37 | |
| TOTAL (if last page of this schedule) | | | | \$ 77.37 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page one of one
(for Schedule E)

RESET**COMMITTEE NAME** (Must be same as on Statement of Organization)

WILHELM FOR IOWA SENATE

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 2,525.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|-----------------------------|--|---|----------------|
| | NONE | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL (PART I) \$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAYED |
|-------------------------|--|---|----------------|
| | NONE | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,525.00

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Page ONE of ONE
(for Schedule F)